THE MANITOBA ASSOCIATION OF ARCHITECTS
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APPLICATION FOR STUDENT MEMBERSHIP

LEGAL NAME:

      SURNAME   FIRST   MIDDLE (if applicable)

RESIDENCE ADDRESS:

      NO. & STREET

      CITY   PROVINCE   POSTAL CODE

PHONE NUMBER (RES):

EMAIL:

(IF APPLICABLE:)
PRESENT EMPLOYER:

EMPLOYER'S ADDRESS:

      NO. & STREET

      CITY   PROVINCE   POSTAL CODE

PHONE NUMBER (BUS):

PREFERRED MAILING ADDRESS: RESIDENCE   BUSINESS

I AM   AM NOT   PRESENTLY ENROLLED IN THE DEPARTMENT OF

                  AT THE
      (DEPARTMENT)   (UNIVERSITY OR SCHOOL OF ARCHITECTURE)

AND/BUT HAVE COMPLETED THE   YEAR OF THE ACCREDITED PROGRAM.
OR
I AM PRESENTLY ENROLLED IN THE RAIC SYLLABUS IN THE

          (YEAR OF STUDIES)

DATE OF BIRTH: (MTH/DAY/YEAR):

DEGREE (S):   (1)

          (2)

FROM: (1)   IN

      (2)   IN
      (UNIVERSITY OR SCHOOL OF ARCHITECTURE)   (MONTH & YEAR)

YOU MUST ALSO ENCLOSE OR PROVIDE THE FOLLOWING

WITH APPLICATION FOR STUDENT MEMBERSHIP:	**TO ALSO OBTAIN AN EXPERIENCE RECORD BOOK:**
• SATISFACTORY EVIDENCE OF ELIGIBILITY; • A PHOTOCOPY OF DEGREE(S), IF APPLICABLE.	• COMPLETED EMPLOYER CONFIRMATION FORM; • COMPLETED MENTOR CONFIRMATION FORM; • STUDENT ELIGIBLITY CONFIRMATION (FOR THOSE ENROLLED IN A CACB ACCREDITED PROGRAM).

(MEMBERSHIP DUES, AS APPLICABLE, WILL BE INVOICED AFTER YOUR APPLICATION HAS BEEN ACCEPTED.)